

MORTGAGE BROKER APPLICANT INDIVIDUAL BACKGROUND FORM

This form is to be completed by each of the following individuals:

<u>Corporation</u>	<u>Limited Liability Corp</u>	<u>Partnership</u>	<u>Sole Proprietorship</u>
* Designated Broker	* Designated Broker	* Designated Broker	* Designated Broker
* Pres, CEO, CFO	* Manager	* Managing Partner	* Owner
* Principals (own 10%)	* Member(own 10%)	General Partners	Spouse of Owner
Other Officers (VP or equivalent)			
Directors			

* Individuals holding these "positions of control" must also provide a personal credit report and a pair of fingerprint cards.

NAME OF APPLICANT (COMPANY): _____
INDIVIDUAL INFORMATION:

Last Name *First Name* *Full Middle Name*

Date of Birth _____ Social Security Number _____

Drivers License Number: _____ State issued: _____

If the individual has ever used any other name (eg: maiden, prior marriage, nickname, etc), SSN, or DOB (including errors made by others), list below. If not, please write none.

INDIVIDUAL'S RESIDENCE:

STREET ADDRESS _____

CITY/COUNTY _____

STATE/ZIP CODE _____

RESIDENTIAL PHONE/E-MAIL _____

AUTHORIZATION FOR BACKGROUND INVESTIGATION – INDIVIDUAL

TO WHOM IT MAY CONCERN

I hereby authorize and request that all local, municipal, city, county, state and federal law enforcement authorities furnish such information as they may have available concerning me, including information regarding criminal records, investigations, background, or similar information, whether known to me or otherwise, to the Department of Financial Institutions of the State of Washington. It is understood that the Department shall be under no obligation to disclose such information to me or any other person and may accept such information under such conditions concerning confidentiality and disclosure as the person providing such information shall require.

A copy of this authorization shall be accepted with the same force and validity as the original.

Signature of Individual

date

MORTGAGE BROKER APPLICANT INDIVIDUAL BACKGROUND FORM (CONTINUED)

NAME OF APPLICANT (COMPANY): _____

Individual's Last Name

First Name

Full Middle Name

INDIVIDUAL'S POSITION WITH APPLICANT
IF OWNER, PERCENT OF INTEREST OWNED

To be completed if the individual is NOT employed by the applicant:

EMPLOYER/COMPANY NAME

STREET ADDRESS

CITY/COUNTY

STATE/ZIP CODE

BUSINESS PHONE

POSITION

(1) Identify and describe all positions with any mortgage related companies you have had employment or ownership affiliations with in the past two years. Attach additional pages if necessary.

(2) Have you been convicted of a gross misdemeanor involving dishonesty or financial misconduct, or a felony within seven years of the date of this application in any jurisdiction; or of a crime which, if committed within this state, would constitute felony under the laws of this state? If yes, detail on a separate page.

☐ Yes

☐ No

(3) Have you personally, or as the principal of another entity, had a license issued under this chapter or any other state's similar statute, suspended or revoked within five years of the filing of this application? If yes, attach full details.

☐ Yes

☐ No

(4) Are you presently involved in any form of civil litigation that may have an affect on the applicant? If yes, detail on a separate page.

☐ Yes

☐ No

SIGNATURE AND OATH OF INDIVIDUAL

I hereby swear and affirm that the information contained herein is true and correct to the best of my knowledge. I understand that any false statement or omission of material information in connection with this application shall be punished as provided by law and may subject the applicant to a denial of license or revocation of any license granted.

Signature of Individual

date